

#### State of Texas Automated Information and Reporting System

## 2022 STAIRS

**Accountability Report Training** 

HHSC PFD LTSS Center for Information and Training



# Deaf-Blind Multiple Disabilities (DBMD)

2021 and 2022 Accountability Report



## Objective

# To complete a STAIRS Accountability Report

# COVID-19 Funding and Cost Reporting

HHSC Provider Finance has issued guidelines for how COVID-19 funds should be reported/offset on the report.

These guidelines are based on the Coronavirus Aid, Relief, and Economic Security (CARES) Act and the Texas Administrative Code guidelines/requirements



#### What is the Cares Act?



The CARES Act was passed by Congress and signed into law on March 27th, 2020.

The CARES Act provides relief for individuals and businesses that have been negatively impacted by the coronavirus outbreak.

### What Does the Cares Act Require?



The CARES Act provides that "...these funds may not be used to reimburse expenses or losses that have been reimbursed from other sources or that other sources are obligated to reimburse...."

In this case, Medicaid is considered an "Other Source" that is obligated to reimburse the expense of providing Medicaid services.

### What Does the TAC Require?



The TAC provides, "Grants and contracts from federal, state or local government...should be offset, prior to reporting on the report, against the particular cost or group of costs for which the grant was intended....".

The CARES Act Provider Relief Funds, the Paycheck Protection Program (PPP) and portions of the Economic Injury Disaster Loans **are considered grants** to the extent the funds are forgiven under the terms of the loan programs and/or the terms and conditions of the funds received.

#### **Provider Relief Funds**



Report Preparers **should offset** any provider relief funds recognized as revenue by the provider, not reimbursed by another source against any costs incurred in response to COVID-19.

Providers can reflect the detail of this offset in the trial balance or allocation summary uploaded as supporting documentation and report the final adjusted expenses on the accountability report.

#### **Provider Relief Funds**



#### **PRF used for Lost Revenue:**

PRF revenue recognized in 2021 as a result of lost revenue should not reduce any expenses included on the unadjusted trial balance prior to those expenses being reported on the cost report because these lost revenue dollars are not associated with any specific expense.

#### **PPP Loans**



Salaries and Wages: report preparers should offset an amount equal to any staff wages reimbursed by PPP against any otherwise incurred salary, during the reporting period, prior to reporting.

<u>Non-Payroll Expenses</u>: report preparers **should offset** non-payroll related expense for the portion of the PPP loan utilized for those non-payroll items.

#### **PPP Loans**



Providers can reflect the detail of this offset in the trial balance or allocation summary uploaded as supporting documentation and report the final adjusted expenses on the accountability report.

#### Local Funds



Pursuant to TAC §355.103(b)(18)(B), "Grants and contracts from federal, state or local government, such as transportation grants, United States Department of Agriculture grants, education grants, Housing and Urban Development grants, and Community Service Block Grants, should be offset, prior to reporting on the report, against the particular cost or group of costs for which the grant was intended...."

#### Local Funds



If you have any questions about the treatment of local funds for purposes of the report, please contact the LTSS Center for Information and Training at PFD-LTSS@hhs.texas.gov.

#### Rate Enhancement



Providers enrolled in the Attendant Compensation Rate Enhancement program receive additional funds to provide increased wages and benefits for attendants and must demonstrate compliance with enhanced spending requirements.

Rate Enhancement recoupments are determined based on spending requirements associated with attendant compensation (such as wages, benefits, and mileage reimbursement).

#### **Cares Act Offsets and Rate Enhancement**



The offset of PRF and PPP revenues, previously mentioned, **should not impact the hours reported** for any department on the accountability report.

While the offset of some of the PRF and PPP revenues could reduce specific salaries reported on the report, the number of hours reported should agree with the actual hours related to the unadjusted salaries.

If you paid the salary using PRF or PPP dollars, the actual hours incurred will not change and do not reduce them on the accountability report.

### **Support Documentation**



As in prior years, providers may be required to submit support documentation (e.g., trial balances, allocation summary, etc.) to support the information in the Report.

The state acknowledges providers may be required to submit reports to local or federal jurisdictions based on funds received (e.g., PRF, PPP, etc.). <u>Do not</u> provide the State with a copy of these reports and/or any applicable support documentation for these reports.



The Entity Contact (Primary) is the contracted provider that received access to STAIRS.

Fairbanks will send a notification of access, login and password, to the email address we have on file for the provider.

If you have not received notification of access, then please contact <a href="mailto:CostInformationPFD@hhs.texas.gov">CostInformationPFD@hhs.texas.gov</a>



#### **Before You Begin**

- Review your ledger for unallowable costs and costs that require allocation.
- Adjust for accruals.
- Prepare the reconciliation worksheet and allocation summaries.
- Gather information on Related Parties



#### **Organization of the Cost Report**

#### Reporting Categories

- Combined Entity and Provider Information
- Units of Service and Revenues
- Wages and Compensation
- Payroll Taxes and Workers' Compensation



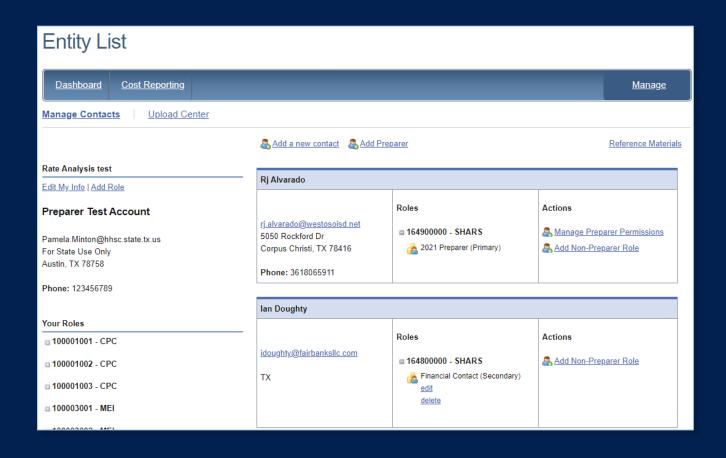
#### **Organization of the Cost Report**

Reporting Categories

- Verification Summary and Certifications
- Agree/Disagree and Informal Review

### STAIRS Dashboard





#### Dashboard

The **Entity Contact** (Primary) logs into the system and sets up other users.

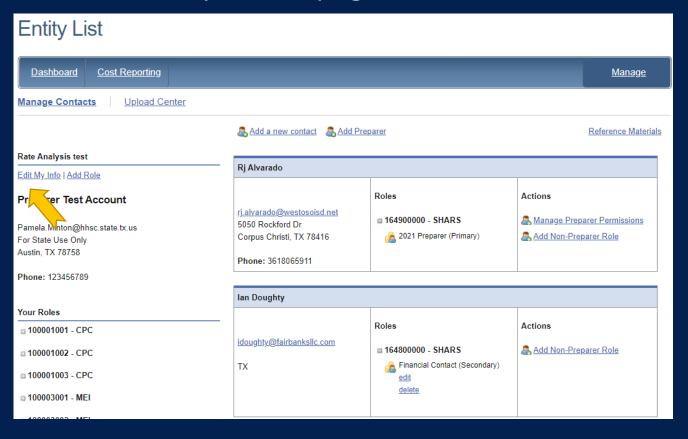


Health and Human Services

#### **STAIRS**

#### STAIRS - Manage Contacts

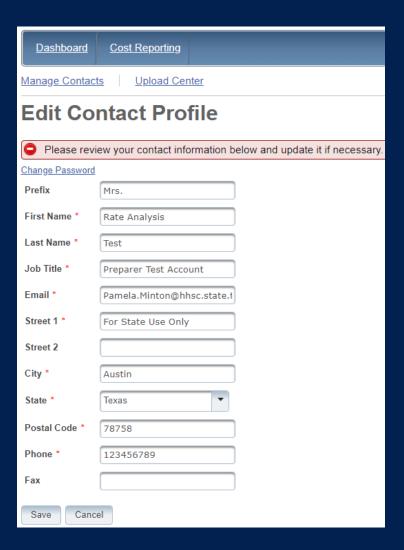
DBMD Entity Edit My Info link is at the top of the page.





**STAIRS – Review and Edit Profile** 

Complete this form with your information and click Save to finish.

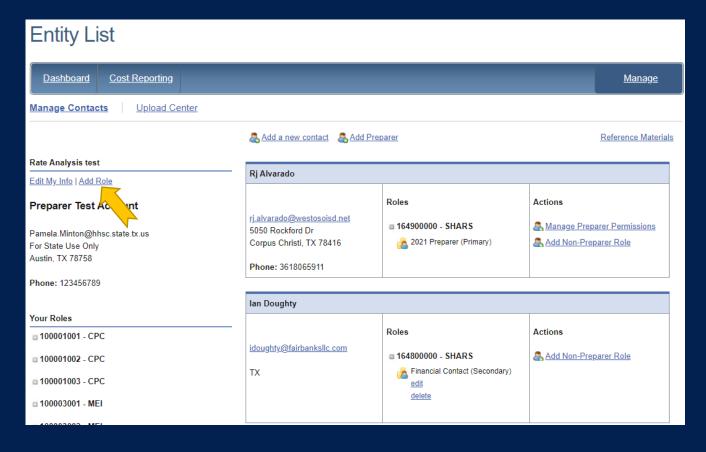


# TEXAS Health and Human Services

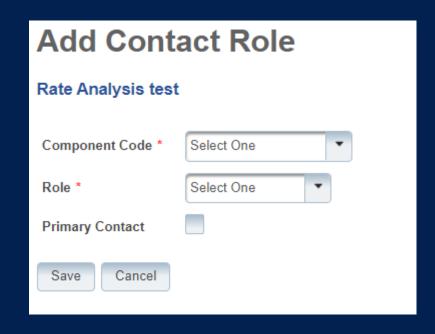
#### **STAIRS**

#### STAIRS - Add Role

DBMD Entity Add Role link is at the top of the page.







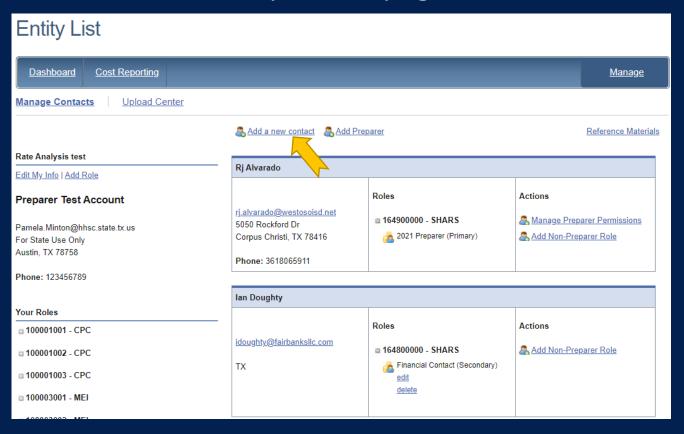
#### Add Contact Role

- Component Code
- Add Role as Primary or Financial Contact



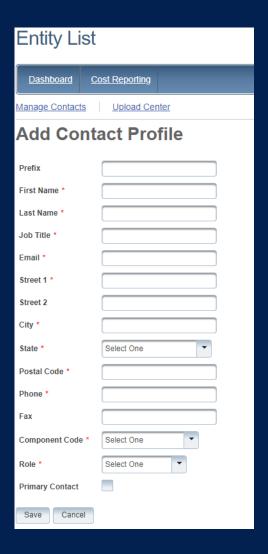
#### **STAIRS – Add New Contact**

DBMD Entity Add New Contact link is at the top of the page.





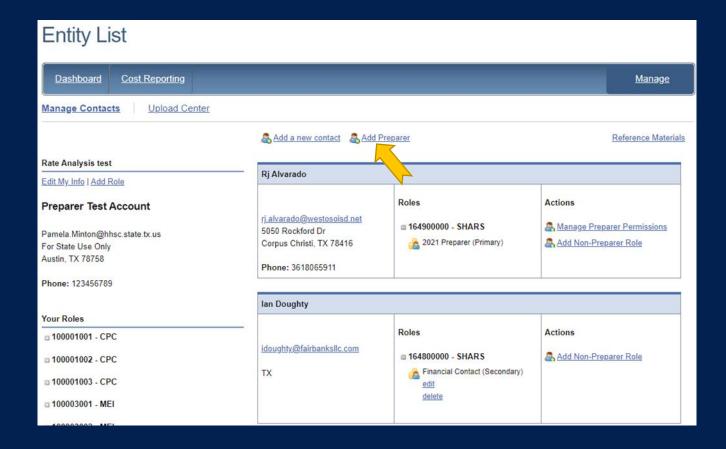
Add Contact Profile



# TEXAS Health and Human Services

# **STAIRS**STAIRS – Manage Contacts

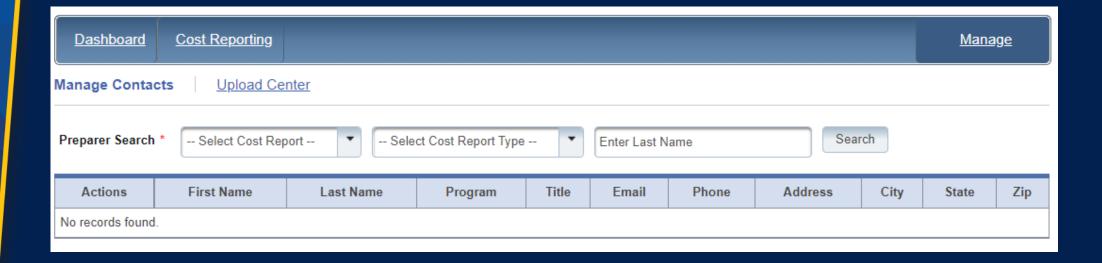
Select "Add Preparer".







**STAIRS – Manage Contacts**Select a Preparer







#### **STAIRS – Manage Contacts**

Report Preparer – determine who will be preparing your cost report.

Select Add DBMD preparer.

Search by name and check that the person is on the drop-down list to choose as the Preparer in STAIRS.



#### Roles

**Entity Contact** can set up all other user types and additional Entity Contacts. Can review the accountability report. Must sign the Report Certification.

**Preparer** can set up other Preparers. This is the only role that can make entries into the accountability report. Must sign the Methodology Certification. Cannot sign the Report Certification.



#### Roles

**Financial Contact** can set up Preparers and other Financial Contacts. Can review the accountability report. Can sign and upload the Report Certification.

Detailed information can be found in the document titled "Managing Contacts Processing Procedures" in the Reference Materials section at the bottom of every page in STAIRS. A person can hold more than one role



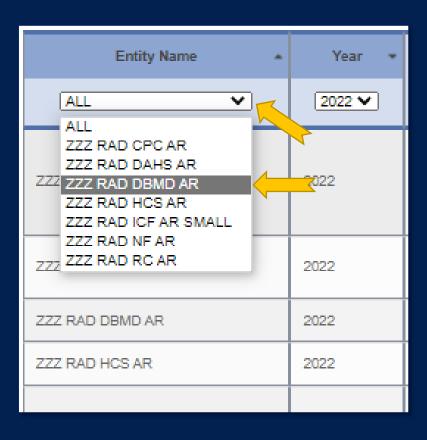
#### Roles

**Combined Entity** - one or more commonly owned corporations and/or limited partnerships where the general partner is controlled by the same identical persons as the commonly owned corporation(s). May involve an additional *CONTROLLING ENTITY* which owns all members of the combined entity.

**Contracting Entity** - The contract with which Medicaid contracts for the provision of the Medicaid services included on this accountability report.

#### **STAIRS Entity List**



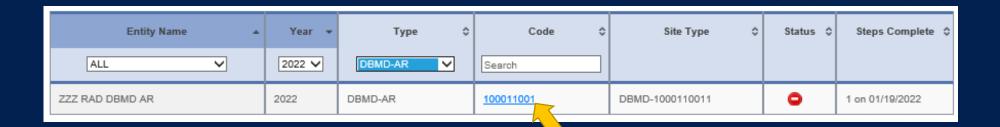


#### **Entity Name**

- Open the Entity pull down menu.
- Select your discipline from the menu.

### **STAIRS Entity List**







There are 13 Steps to complete an Accountability Report.

# TEXAS Health and Human Services

### **STAIRS**

### **Steps 1** Combined Entity Identification

### **Purpose**

HHSC needs to collect contact information so that HHSC PFD can contact provider/preparer/etc. during the review of the accountability report.

### **How HHSC PFD uses the information?**

This information is used by the HHSC PFD to obtain information and documentation needed to address issues found in the accountability report review.



### **Steps 1 Combined Entity Identification**

Please confirm this report is the most current report from the prior year.

#### Combined Entity Identification

Phone: 512-424-8500 Fax: 877-447-2839

Street Address: 4900 N. Lamar Blvd. , Austin, TX 78751

Mailing Address: 4900 N. Lamar Blvd. , Austin, TX 78751



#### Financial Contact

Name: HHSC RAD

Job Title:

Email: RateAnalysisDept@hhsc.state.tx.us

Phone: 512-424-8500

Fax

Mailing Address: 4900 N. Lamar Blvd., Austin, TX 78751



#### Location of Accounting Records that Support this Report

Primary Physical Address: 4900 N. Lamar Blvd., Austin, TX 78751



#### Entity Contact Identification

Name: HHSC RAD Job Title: HHSC RAD

Entity Name:

Email: RateAnalysisDept@hhsc.state.tx.us

Phone: 512-424-8500

Fax:

Mailing Address: 4900 N. Lamar Blvd., Austin, TX 78751



#### Report Preparer Identification

Name: Ross Test
Job Title: 111
Entity Name: Director
Email: rtest@test.com
Phone: 123-456-7890

Fax:

Mailing Address: 99 S. Test Street , Austin, AL 78714



# Step 2 General Information Purpose The purpose of Step 2 is to give gone

**STAIRS** 

The purpose of Step 2 is to give general information, including the Combined Entity's reporting period and to determine if the Combined Entity wants to aggregate reporting expenses used to determine compliance in the Rate Enhancement program.

### **How HHSC PFD uses the information?**

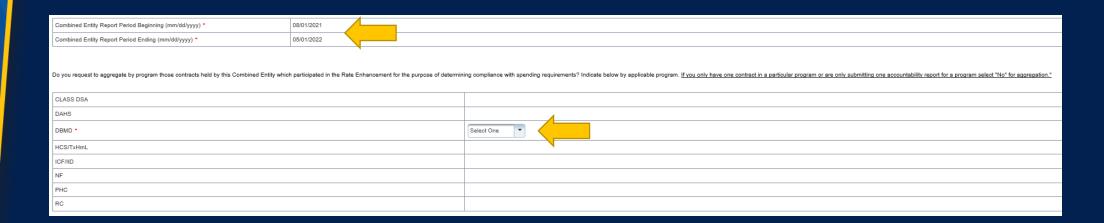
If the provider chooses to aggregate their contracts by the program that participates in the Attendant Compensation Rate Enhancement program, then HHSC PFD will use combined expenses to determine compliance with spending requirements.





### **Steps 2 General Information**

Verify reporting period and ensure your program is in selected in the right column.



# TEXAS Health and Human Services

### **STAIRS**

### **Step 3. Contract Management**

### **Purpose**

Provide information about the combined entity's business components.

### **How HHSC PFD uses the information**

HHSC PFD uses the information in Step 3 during the Accountability report examination process.



## **Step 3. Contract Management** Three steps:



a. Verify Contracts for Requested Reports

Last Verified by Rate Analysis test on 01/19/2022 8:12 AM



b. Enter Other Business Components (Other Contracts, Grants or Business Relationships with the State of Texas or any other entity, or other funding sources)

Last Verified by Rate Analysis test on 01/19/2022 8:12 AM



c. Verify Business Component Summary

Last Verified by Rate Analysis test on 01/19/2022 8:13 AM





**Step 3.a. Verify Contracts for Requested Reports**State issue contracts are listed in Step 3A, such as HHSC contracts.

Active Entire Report Period?				Accountability Report Group Code	Contracting Entity Name	AR Type	Program	Site Type	Contract#	Contract Name	Enhancement Participation 0
•	Yes		No	100011001	ZZZ RAD DBMD AR	DBMD-AR	DBMD	n/a	1000110011	ZZZ RAD DBMD AR	DBMD





**Step 3.b. Enter Other Business Components** 

Other Contracts, Grants or Business Relationships with the State of Texas or any other entity, or other funding sources.

Active Entire Reporting Period Contract Type		Service Type	Contracting Entity Name	Contract #/ Provider Identification		
No		Other - provide explanation:Medicare		12345		



### **Step 3.c. Verify Business Component Summary**

Contract Type	Report Group Code	Contracting Entity Name	AR Type
Requested	100011001	ZZZ RAD DBMD AR	DBMD-AR
Medicare	12345		Other - provide explanation - Medicare

Are there any other contracts, grants, or business relationships with HHSC, the State of Texas, or with any other business entities not included in the summary table above?

Yes 💮

No 🦱

# TEXAS Health and Human Services

### **STAIRS**

### **Step 4 General Information**

### **Purpose**

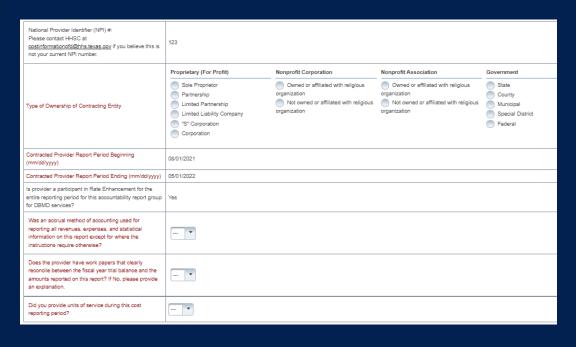
Collect general information about the contracted entity that delivered services during the reporting period.

### How do we use this information?

HHSC PFD uses this information for a variety of purposes in the financial examination and reports reconciliation processes. HHSC may also add questions to collect one-time information for events that impact provider costs.



### **Step 4 General Information**



- Correctly identify the ownership of the contracting entity
- Dates and National Provider Identifier will prepopulate
- Rate Enhancement Participation questions prepopulated
- Questions regarding preparation to complete the report



### **Step 4 General Information**

COVID-19 Related Questions
This section is questions on how
COVID-19 affected your business.

This section is for informational purposes only.

Covid Related Questions	
Did you experience a decrease in costs/utilization directly related to COVID-19?	
Did you incur an increase in costs directly related to COVID-19? For example, some providers may have paid more for Personal Protective Equipment (PPE) – either because they had to purchase more PPE and/or it was more expensive.	
Did you incur costs for a category(ies) that historically is not incurred when administrating/delivering this program/service?	
Did you receive local, state or federal grants directly related to COVID-19?	

# TEXAS Health and Human Services

### **STAIRS**

### **Step 5. Units of Service and Revenue**

### **Purpose**

The purpose of Step 5 is to collect units of service information.

### How do we use this information?

HHSC PFD uses this information to determine the contracted provider's revenue. Units of service are used in the report reconciliation process to determine spending compliance in the Rate Enhancement program and during rate-setting calculations.



### **Step 5 Units of Service and Revenue**

Step 5.a. – Attendant Units



Step 5.a. Attendant Unit

### Enter Units of Service for:

- Day Habilitation
- Day Hab under 24 Hours
- Intervener
- Chore
- Supported Employment
- Employment Assistance
- Community First Choice

	Habilita	tion Services - Day									
Service	Rate Period 1 08/01/2021 - 08/31/2021	Rate Period 2 09/01/2021 - 05/01/2022	Total Units	Revenue							
Medicaid Units			.00								
Private Pay			.00	s							
Non-Reimbursed Service			.00								
TOTAL Hab - Day Units	.00	.00	.00	\$0							
	Habilitation Services - Less Than 24 Hours										
Service	Rate Period 1 08/01/2021 - 08/31/2021	Rate Period 2 09/01/2021 - 05/01/2022	Total Units	Revenue							
Medicaid Units			.00								
Private Pay			.00	\$							
Non-Reimbursed Service			.00								
TOTAL Hab - Under 24 Units	.00	.00	.00	\$0							
	Inte	rvener Services									
Service	Rate Period 1 08/01/2021 - 08/31/2021	Rate Period 2 09/01/2021 - 05/01/2022	Total Units	Revenue							
Medicaid Units			.00								
Private Pay			.00	\$							
Non-Reimbursed Service			.00								
TOTAL Intervener Units	.00	.00	.00	\$0							

### **Step 6 Wages and Compensation**

### **Purpose**

HHSC PFD uses this step is to collect wages, compensation and benefits information for the contracted provider's attendant staff.

### How do we use this information?

HHSC PFD uses this information to determine the contracted provider's employee and contracted staff expenses. Staff expenses are used in the report reconciliation process to determine spending compliance in the Attendant Compensation Rate Enhancement program and rate-setting calculations.





### **Step 6 Wages and Compensation**

Step 6a - General Information

Step 6b - Related Party

Step 6c - Attendant



Step 6.a.

Do you have any Related-Party Wages and Compensation (Employee or Contractor) included in the Accountability
Report? \* No

Do you have any Related-Party Wages and Compensation (Employee or Contractor) included in the Accountability Report?

Click "Yes" or "No".





A Related Party is any person or organization related to the provider by:

- Parent, child, sibling (including Step-children)
- Mother-in-law, Father-in-law
- Aunt, Uncle, Cousin
- Marriage
- Common ownership
- Control



## **Step 6.b. Related-Party Purpose**

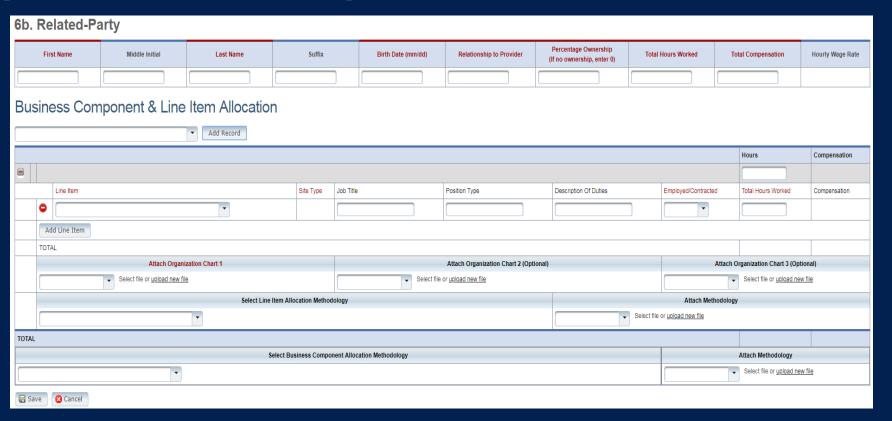
To collect related-party information.



To add each owner-employee, related-party employee or related-party contract staff, select "Add record"



### Step 6.b. Related-Party





### **Step 6.c. Attendant**

Report attendant expenses.

	Non-Related Party				Related Party			Related Party and Non-Related Party							
Туре	Total Staff Hours	Total Staff Wages	Total Contracted Hours	Total Contracted Payment	Total Staff Hours	Total Staff Wages	Total Contracted Hours	Total Contracted Payment	Employee Benefits/Insurance	Miles Traveled	Mileage Reimbursement	Total Compensation	Average Staff Rate	Average Contracted Rate	Average Mileage Reimbursement per mile
А	В	С	D	E	F	G	н	1	J	к	L	M (C+E+G+l+J+L)	N [(C+G)/(B+F)]	O [(E+I)/(D+H)]	P (L/K)
Habilitation Services - Day												\$0	\$0.00	\$0.00	\$0.00
Habilitation Services - Less than 24 Hours												\$0	\$0.00	\$0.00	\$0.00
Intervener Services												\$0	\$0.00	\$0.00	\$0.00
Chore Services												\$0	\$0.00	\$0.00	\$0.00
Supported Employment Services												\$0	\$0.00	\$0.00	\$0.00
Employment Assistance Services												\$0	\$0.00	\$0.00	\$0.00
Community First Choice (CFC) PAS/HAB												\$0	\$0.00	\$0.00	\$0.00
TOTAL	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	\$0	0	\$0	\$0			

## **Step 7 Payroll Taxes and Workers' Compensation**

### **Purpose**

To collect information on your facilities Payroll Taxes and Workers' Compensation for the contracted provider's attendant staff.





### **Step 7 - Payroll Taxes and Workers' Compensation**

Report costs for all Attendant staff.

Did the provider have a Section 125 or Cafeteria Plan that covers the employees for insurance premiums, unreimbursed medical expenses and/or dependent care costs?	Yes No	
Is your entity a Texas Workforce Commission Reimbursing Employer (e.g., not required to pay quarterly taxes to the Texas Workforce Commission (TWC for unemployment coverage)?		
Taxes and Workers' Compensation	Attendant	
FICA and Medicare Payroll Taxes		
State and Federal Unemployment Taxes		
Workers' Compensation Premiums		
Workers' Compensation Paid Claims		



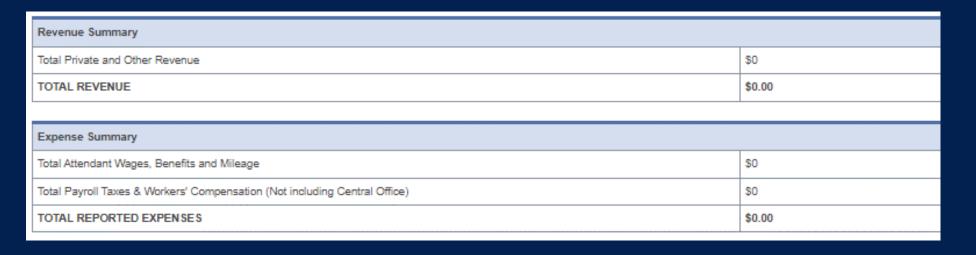
### **Step 7 - Payroll Taxes and Workers' Compensation**

If payroll taxes (i.e., FICA, Medicare, and state/federal unemployment) are allocated based upon percentage of salaries, the provider must disclose this functional allocation method. The use of percentage of salaries is not the salaries allocation method, since the salaries allocation method includes both salaries and contract labor.

Expenses are used in the report reconciliation process to determine spending compliance and rate-setting calculations.

### **Step 9 Preparer Verification Summary**

The summary verification table shows the Total Reported Revenues and Total Reported Expenses entered into STAIRS.





# TEXAS Health and Human Services

### **STAIRS**

### **Step 10 Preparer Certification**

Preparer must certify the accuracy of accountability reports submitted to HHSC.

Providers may be liable for civil and/or criminal penalties if the accountability report is not completely accurate.

HHSC uses this information to ensure that the report has been verified by the entity and preparer as per TAC rules.



## Step 10 Preparer Certification Preparer (Methodology) Certification

The person identified in **Step 1** of the accountability report as Preparer must sign this certificate.

#### AS PREPARER OF THIS COST REPORT, I HEREBY CERTIFY THAT

- . I have completed the state-sponsored cost report training for this cost report
- I have read the note below, the cover letter and all the instructions applicable to this cost report.
- I have read the Cost Determination Process Rules (excluding 24-RCC), program rules, and reimbursement methodology applicable to this cost report, which define allowable and unallowable costs and provide guidance in proper cost reporting.
- I have reviewed the prior year's cost report audit adjustments, if any, and have made the necessary revisions to this period's cost report.
- To the best of my knowledge and belief, this cost report is true, correct and complete, and was prepared in accordance with the Cost
  Determination Process Rules (excluding 24 RCC), program rules, reimbursement methodology and all the instructions applicable to this cost
  report.
- . This cost report was prepared from the books and records of the contracted provider and/or its controlling entity

Note: This PREPARER CERTIFICATION must be signed by the individual who prepared the cost report or who has the primary responsibility for the preparation of the cost report. If more than one person prepared the cost report, an executed PREPARER CERTIFICATION may be submitted by each preparer. Misrepresentation or falsification of any information contained in this cost report may be punishable by fine and/or imprisonment.

The Preparer Certification must be uploaded by the Preparer, using his/her own login information.

	PREPARER IDENTIFICATION					
Name of Contracted Provider:						
	Printed/Typed Name of Signer:	Ī	Title of Signer:			



### **Step 10 Preparer Certification**

SIGNATURE OF PREPARER	DATE	
Subscribed and sworn before me, a Notary public on the	of	Year
	Notary Signature	_
	Notary Public, State of	_
	Commission Expires	_

# TEXAS Health and Human Services

### **STAIRS**

### **Step 11 Entity Contact Certification**

Once you have verified your information and printed the certifications, the accountability report is **locked** to any further changes.

If you realize that something was omitted and you need to access your data again or upload an additional document, you will need to contact HHSC PFD Cost Information to assist with getting the report re-opened.



### **Step 11 Entity Contact Certification**

Review the certification signer's requirements

#### AS SIGNER OF THIS COST REPORT, I HEREBY CERTIFY THAT:

- I have read the note below, the cover letter and all the instructions applicable to this cost report.
- I have read the Cost Determination Process Rules (excluding 24-RCC), program rules, and reimbursement methodology applicable to this cost report, which define allowable and unallowable costs and provide guidance in proper cost reporting.
- I have reviewed this cost report after its preparation.
- To the best of my knowledge and belief, this cost report is true, correct and complete, and was prepared in accordance with the Cost
  Determination Process Rules (excluding 24 RCC), program rules, reimbursement methodology and all the instructions applicable to this cost
  report.
- This cost report was prepared from the books and records of the contracted provider and/or its controlling entity.

Note: This COST REPORT CERTIFICATION must be signed by the individual legally responsible for the conduct of the contracted provider, such as the Sole Proprietor, a Partner, a Corporate Officer, an Association Officer, or a Governmental Official. The administrator/director is authorized to sign only if he/she holds one of these positions. Misrepresentation or falsification of any information contained in this cost report may be punishable by fine and/or imprisonment.

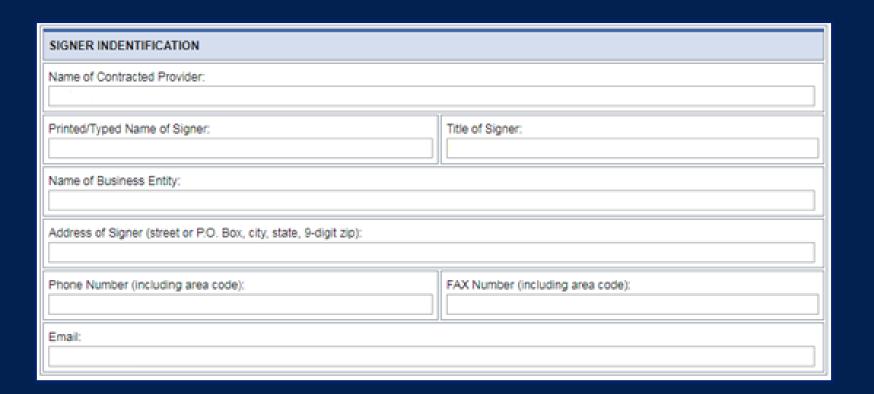
In accordance with Texas Administrative Code (TAC) Rule §355.105(d)(1)(A), an interested party legally responsible for conduct of the contracted provider may initiate an amendment no later than 60 days after the original due date. Provider-initiated amendment requests can be sent to: <a href="mailto:costinformation@hhsc.state.bx.us">costinformation@hhsc.state.bx.us</a>. Request received that is not signed by an individual legally responsible for the conduct of the contracted provider, or received after the 60th day, will not be accepted. Failure to submit the requested amendment to the cost report by the due date is considered a failure to complete a cost report as specified in the above referenced rule.

The Cost Report Certification must be uploaded by the responsible party, using his/her own login information.



### **Step 11 Entity Contact Certification**

Signer must fill out the identification information.

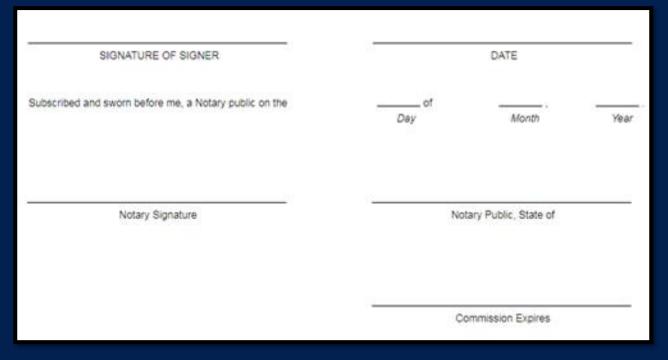




**Step 11 Entity Contact Certification** 

An individual legally responsible for the conduct of the provider could be:

- Owner
- Partner
- Corporate Officer
- Association Officer
- Government official
- L.L.C. member





### **Digital Signatures**



# TEXAS Health and Human Services

### **STAIRS**

### **Step 12 Provider Adjustments Report**

### **Purpose**

A report is emailed by Fairbanks to the provider. Allows Provider opportunity to review the report adjustments made during HHSC's financial examination.

Provider has 30 days to review the findings.

If you take no action you will agree with the findings by default. At that point, any recoupment will stand.



## **Step 12 Provider Adjustments Report**

### Report Shows:

- Changes made to original values
- Adjusted amount
- Reason for the adjustment



### **Step 12 Provider Adjustments Report**

This report shows the Recoupment Summary

### Recoupment Summary

Program / Contract / Group Level Awar		Spending Requirement	Actual Spending	Per Unit Recoupment	Estimated Total Recoupment
DBMD		\$0.00	\$0.00	\$0.00	\$100.00
Total Recoupment		\$0.00	\$0.00	\$0.00	\$100.00

Additional adjustments and recoupments (other than those identified above) may occur as a result of a subsequent informal review, audit, or desk review of your cost report. As per 1 TAC §355.308(s) or §355.112(t) and §355.107(a), if subsequent adjustments are made, you will be notified via e-mail to logon to STAIRS and view Step 14 of this cost report where those adjustments and any revised recoupment amount will be displayed.

Unless you request an informal review in accordance with 1 TAC §355.110, adjustments to the provider's rates per unit for this reporting period will be sent to the Health and Human Services Commission (HHSC) Provider Claims Services for processing after the "Review Period Expires" date shown above and below. Do not send checks or payments to HHSC unless specifically instructed by HHSC. The amount to be recouped will be subtracted from future billings.

# TEXAS Health and Human Services

### **STAIRS**

### **Step 13 Agree/Disagree**

### **Purpose**

The provider may request an informal review or agree with adjustments.

### How do we use this information?

HHSC uses this information to start the informal review process or set the report to complete.



### **Step 13 Agree / Disagree**

For providers with a recoupment amount above \$25,000, you have the option to choose "I Agree and Request a Payment Plan."



Providers will need to email a **Payment Plan Request** to the Director of PFD for Long-Term Services and Supports at RAD Payments@hhs.texas.gov.



### **Step 13 Request Informal Review**

A provider who disagrees with an adjustment is entitled to request an informal review of those adjustments with which the provider disagrees.

The request, or a request for a 15-day extension to make the request, must be in writing and received by HHSC no later than the review period expiration date.

TEXAS **Health and Human** Services

### **STAIRS**

### **Step 14 Informal Review**

### **Purpose**

This step is to allow the providers a chance to review the informal review adjustments.

### **Summary Table**

Revenue Summary	Total as Submitted	Adjustments	Total After Adjustments		
Total Non-Medicaid	\$0.00	\$0.00	\$0.00		
Total	\$0.00	\$0.00	\$0.00		

Expense Summary	Total as Submitted	Adjustments	Total After Adjustments
Total Attendant Wages, Benefits and Mileage	\$0.00	\$0.00	\$0.00
Total Non-Attendant Wages, Benefits and Mileage	\$0.00	\$0.00	\$0.00
Total Administrative and Operations Wages, Benefits and Mileage (less Central Office)	\$1,111.00	\$0.00	\$1,111.00
Total Payroll Taxes & Workers' Compensation (Not including Central Office)	\$3.00	\$0.00	\$3.00
Total Facility and Operations Expenses (Not including Central Office)	\$0.00	\$0.00	\$0.00
Total Central Office Expenses	\$0.00	\$0.00	\$0.00
Total	\$1,114.00	\$0.00	\$1,114.00

Because this cost report indicates participation in rate enhancement in Step 4, your recoupment summary information is being provided below.

In accordance with Title 1 of the Texas Administrative Code (TAC), §355.308(s) for nursing facilities, or §355.112(t) for all other programs, the below Recoupment Summary indicates whether or not the provider is subject to recoupment for failure to meet participation requirements.

If you indicated on STEP 2 of this cost report that you requested to aggregate by program those contracts/component codes held by this Combined Entity which participated in the Attendant Compensation Rate Enhancement for the purpose of determining compliance with spending requirements, the recoupment summary information below represents the estimated total recoupment for all participating contracts/component codes on the cost reports indicated below. This same summary information is displayed on all cost reports affected by the aggregation



### **Step 14 Informal Review**

### **Summary Table**

Revenue Summary	Total as Submitted	Adjustments	Total After Adjustments
Total Non-Medicaid	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

Expense Summary	Total as Submitted	Adjustments	Total After Adjustments
Total Attendant Wages, Benefits and Mileage	\$0.00	\$0.00	\$0.00
Total Non-Attendant Wages, Benefits and Mileage	\$0.00	\$0.00	\$0.00
Total Administrative and Operations Wages, Benefits and Mileage (less Central Office)	\$1,111.00	\$0.00	\$1,111.00
Total Payroll Taxes & Workers' Compensation (Not including Central Office)	\$3.00	\$0.00	\$3.00
Total Facility and Operations Expenses (Not including Central Office)	\$0.00	\$0.00	\$0.00
Total Central Office Expenses	\$0.00	\$0.00	\$0.00
Total	\$1,114.00	\$0.00	\$1,114.00

Because this cost report indicates participation in rate enhancement in Step 4, your recoupment summary information is being provided below.

In accordance with Title 1 of the Texas Administrative Code (TAC), §355.308(s) for nursing facilities, or §355.112(t) for all other programs, the below Recoupment Summary indicates whether or not the provider is subject to recoupment for failure to meet participation requirements.

If you indicated on STEP 2 of this cost report that you requested to aggregate by program those contracts/component codes held by this Combined Entity which participated in the Attendant Compensation Rate Enhancement for the purpose of determining compliance with spending requirements, the recoupment summary information below represents the estimated total recoupment for all participating contracts/component codes on the cost reports indicated below. This same summary information is displayed on all cost reports affected by the aggregation.



## **Step 14 Informal Review Informal Review**

After HHSC staff has completed the results, provider will be notified and can see the adjustments in Step 14.



Unless you request a formal appeal in accordance with 1 TAC §355.110, adjustments to the provider's rates per unit for this reporting period will be sent to the Health and Human Services Commission (HHSC), Provider Claims Services for processing 15 - 30 days after the date on the Informal Review Decision Notification Letter. Do not send checks or payments to HHSC unless specifically instructed by HHSC. The amount to be recouped will be subtracted from future billings.

Any further actions, such as a formal appeal, will not be handled in STAIRS.

### **Due Date**



# All Reports are due April 30<sup>th</sup> unless indicated otherwise

## HHSC Provider Finance Contact Information



For Assistance With	Telephone	E-mail
Cost or Accountability Report completion, instructions, informal reviews and/or general guidance	(737) 867-7817	PFD-LTSS@hhs.texas.gov
Cost or Accountability Report Excusals	(737) 867-7812	CostinformationPFD@hhs.texas.gov
Cost Report Requests and Submission or STAIRS Technical Assistance	(737) 867-7812	CostinformationPFD@hhs.texas.gov





### Regular Mail:

Texas Health and Human Services Commission Provider Finance Department, Mail Code H-400 P. O. Box 149030 Austin, TX 78714-9030

### Special Delivery:

Texas Health and Human Services Commission Provider Finance Department, Mail Code H-400 4601 W. Guadalupe St. Austin, TX 78751





## Thank you

HHSC PFD Center for Information and Training